

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAH TATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST							
NAME(Last)	(First)	(Middle)	TELEPHONE				
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H00	KENNETH	G.K.	808-529-7300				
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MAILING ADDDESS (Street)	FAV						
MAILING ADDRESS (Street)	FAX						
500 ALA MOANA BOULEVARD, 5 WATERFRONT PLAZA, SUITE 400, HONOLULU, HI 96813							
300 ALA MOANA BOULEVARD, 3 WATER	808-524-8293						
(City)	(State)	(Zip ((Zip Code)				
	HAWAII						
HONOLULU	6813-2453						
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE				
G.A. MORRIS, INC.	808/531-4551						
			333,337				
MAILING ADDRESS (Street)	FAX						
111 1121110 / 12 21 12 00 (011001)							
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601				
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(City)	(State)	(Zin)	Code)				
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PART II ORGANIZATIO	N					
NAME OF ORGANIZATION YOU	Telephone 808-529-7300					
HAWAII LIQUOR WHOLESALERS ASSOCIATION						
MAILING ADDRESS (Street)	FAX 808-524-8293					
500 ALA MOANA BOULEVARD, 5 WATERFRONT PLAZA, SUITE 400, HONOLULU, HI 96813						
(City)	(State)	(Zip Code)				
HONOŁULU	н	96813-2453				
NAME OF PERSON RESPONSIBLE	TATEMENT TELEPHONE 808-531-4551					
MELODY BUTAY DACANAY						
MAILING ADDRESS (Street)	FAX 808-533-4601					
222 SOUTH VINEYARD STREE	T, SUITE 401					

	HONOLULU	HI	96813-2453						
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY									
[]	Agriculture	[] Education	[]	Human Services		cience, Technology &			
[]	Communications & Public Utilities	[X] Government Operations & Finance	[]	Intergovernmental Relations,		conomic Development ourism & Recreation			
[]	Consumer Protection & Commerce	[] Hawaiian Affairs	[]	Labor & Employment	[] Tr	ansportation			
[]	Culture, Arts, Historic Preservation	[] Health	[]	Planning, Land & Water Use Management	[] 01	ther: (indicate below)			
[]	Ecology, Energy Environmental Protection	[] Housing	[]	Public Safety & Corrections					
PAR		N OF LOBBYIST							
	I hereby certify that the	information furnished above is	is, to tl	he best of my knowledge,	correct a	and complete.			
	K Olmi	1.11 He							
	1 800	(Signature of Lobbyist) (Date)				Pate)			
PAR		N TO LOBBY							
NAM	E		TITL	E OF AUTHORIZING OFFICE	R OR PER	RSON REPRESENTED			
KENNETH G.K. HOO SECRETARY FOR HAWAII LIQUOR WHOLESALERS ASSOCIATION									
NAM	E OF ORGANIZATION (if app	olicable)		TE	LEPHONE	808-529-7300			
HΔW	AILLIOUOR WHOLESALERS	SASSOCIATION							
	HAWAII LIQUOR WHOLESALERS ASSOCIATION MAILING ADDRESS (Street)			FA	FAX 808-524-8293				
500 ALA MOANA BOULEVARD, 5 WATERFRONT PLAZA, SUITE 400, HONOLULU, HI 96813									
	(City)	(State)		(Zip Cod	e)				
	HONOLULU	НІ 96		96813-2	313-2453				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.									
Kelunia ragtor 4-11-05									
(Signature of Authorizing Officer or Person Represented) (Date)									

(State)

(Zip Code)

(City)